## BEST AVAILABLE COPY

**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			31					RATE	FEE	1	RATE	FEE	
FO	PR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
ТС	TAL CHARGEA	BLE CLAIMS	3_) minus 20=		*	12		X\$ 9=		OR	X\$18=	216	
INDEPENDENT CLAIMS			6 minus 3 =		* 3			X40=		OR	X80=	240	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=	<u> </u>	OR	+270=	10	
* If the difference in column 1 is less than zero, enter					r "0" in d	column 2		TOTAL		OR	TOTAL	1166	
	С	LAIMS AS A	MENDE	ED - PART II							OTHER THAN		
		(Column 1) CLAIMS	1	(Colur		(Column 3)		SMALL	ENTITY	OR.	SMALL	ENTITY	
<b>AMENDMENT A</b>		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	<del></del>	=		X40=	٠	OR	X80=		
	FIRST PRESE	NTATION OF M	JUNPLE DEI	PENDEN	CLAIM			+135=	:	OR	+270=		
							,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur		(Column 3)							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF MU	Minus	***	. CL A114	-		X40=		OR	X80=		
	ringi Frese	INTATION OF MIC	JUNIPLE DEF	ENDENT	CLAIM	<u> </u>		+135=		OR	+270=		
							A	TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur	nn 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=	lt	X40=		ľ	X80=		
_	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		<del> </del>			OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		ber Previously Pai					r four	nd in the app	ropriate box	in coli	umn 1		